

# CITY OF SUNNYVALE

## SECURITY DEPOSIT LOAN PROGRAM FOR PUBLIC SCHOOL EMPLOYEES, CITY EMPLOYEES AND CHILDCARE TEACHERS

APPLICANT		SPOUSE (If applicable)
Name		Name
Current Street Address	New Address	
City, State, Zip	City, State, Zip	
Social Security No.:		Social Security No.:
Home Phone No.: (    )		
Work Phone No.: (    )		
Employer:		Employer:
Address:		Address:
Phone No. (    )		Phone No. (    )
No. of Household members:		No. of Dependent(s)

<b>Amount of Loan Requested (\$5,000 maximum)</b>	<b>Name of Landlord or Rental Agent:</b>
Amount of Security Deposit    _____	_____
Amount of First Month's Rent    _____	Address: _____
Other (Specify)    _____	Phone Number: _____
Total    _____	

## HOUSEHOLD INCOME

### Current Monthly Income:

Applicant's Wages \$ \_\_\_\_\_  
Co-Applicants Wages \$ \_\_\_\_\_  
Other\* \$ \_\_\_\_\_  
Total Gross Income \$ \_\_\_\_\_

\*Including but not limited to income of all adult household members, interest, dividends, etc.

## BORROWER CERTIFICATION

I/We certify that the information and statements included in this application and any supporting documentation are true and accurate. I/We acknowledge that the loan will be repaid within 12 months through monthly direct deposit payments and that I/we must notify the City Housing Division immediately if I/we move or are no longer working for the City of Sunnyvale, an eligible school district or childcare center. I understand that upon termination of employment, either voluntarily or involuntarily, I/we must repay the balance of the loan in full within 90 days. If I/we move before the loan is repaid, I/we must repay the outstanding balance within 30 days. I/we understand that the City will take any and all necessary steps to insure repayment of this obligation in full, including obtaining assistance from a collection agency.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## EMPLOYER ACKNOWLEDGMENT

I acknowledge that \_\_\_\_\_ is an employee in good standing with \_\_\_\_\_ and that the salary information included on this application is accurate. As a participating employer, I agree to notify the City Housing Division immediately if the applicant ceases to be employed by our organization. **FOR SCHOOL DISTRICTS ONLY:** I also acknowledge that the work of this employee benefits Sunnyvale students. **FOR CHILD CARE PROVIDERS ONLY:** I also acknowledge that this employee is a teacher qualified under the State Title requirements.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

